

**Fill in this information to identify the case**Debtor name Riverside General Hospital, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number  
(if known) 16-30603☐ Check if this is an amended filing

## Official Form 206A/B

**Schedule A/B: Assets -- Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of  
debtor's interest**2. Cash on hand**\$841.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of  
account number**3.1. Unity Checking Acct**Checking account\$0.00**4. Other cash equivalents (Identify all)**

Name of institution (bank or brokerage firm)

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$841.00****Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes. Fill in the information below.

Debtor

**Riverside General Hospital, Inc.**  
Name

Case number (if known) 16-30603

**Current value of debtor's interest**

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit


**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment


**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$0.00**

### Part 3: Accounts receivable

**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
- ☐ Yes. Fill in the information below.

**Current value of debtor's interest**

## 11. Accounts receivable

11a. 90 days old or less: \$0.00 — \$0.00 = ..... → \$0.00  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$0.00 — \$0.00 = ..... → \$0.00  
face amount doubtful or uncollectible accounts

## 12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$0.00**

## Part 4: Investments

**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

**Valuation method  
used for current value**

**Current value of debtor's interest**

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

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**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:


Debtor

**Riverside General Hospital, Inc.**  
NameCase number (if known) **16-30603****16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

_____	_____	_____
_____	_____	_____

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

**\$0.00****Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw materials</b>				
_____	MM / DD / YYYY	_____	_____	_____
<b>20. Work in progress</b>				
_____	MM / DD / YYYY	_____	_____	_____
<b>21. Finished goods, including goods held for resale</b>				
_____	MM / DD / YYYY	_____	_____	_____
<b>22. Other inventory or supplies</b>				
_____	MM / DD / YYYY	_____	_____	_____

**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

**\$0.00****24. Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. Crops--either planted or harvested</b>			
_____	_____	_____	_____

Debtor

**Riverside General Hospital, Inc.**Case number (if known) **16-30603**

Name

**29. Farm animals** *Examples:* Livestock, poultry, farm-raised fish**30. Farm machinery and equipment** (Other than titled motor vehicles)**31. Farm and fishing supplies, chemicals, and feed****32. Other farming and fishing-related property not already listed in Part 6****33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

**\$0.00****34. Is the debtor a member of an agricultural cooperative?**☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_**36. Is a depreciation schedule available for any of the property listed in Part 6?**☒ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☒ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description

Net book value of  
debtor's interest  
(Where available)Valuation method  
used for current valueCurrent value of  
debtor's interest**39. Office furniture****Chairs, Tables, and Desks****\$15,000.00****40. Office fixtures****41. Office equipment, including all computer equipment and communication systems equipment and software****42. Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor **Riverside General Hospital, Inc.**  
NameCase number (if known) **16-30603****43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$15,000.00****44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

**General description**Include year, make, model, and identification numbers  
(i.e., VIN, HIN, or N-number)**Net book value of  
debtor's interest**  
(Where available)**Valuation method  
used for current value****Current value of  
debtor's interest****47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**


**48. Watercraft, trailers, motors, and related accessories** Examples: Boats  
trailers, motors, floating homes, personal watercraft, and fishing vessels


**49. Aircraft and accessories**


**50. Other machinery, fixtures, and equipment (excluding farm  
machinery and equipment)**

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**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$0.00****52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

Debtor **Riverside General Hospital, Inc.**  
NameCase number (if known) **16-30603****55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

	<b>Description and location of property</b> Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	<b>Nature and extent of debtor's interest in property</b>	<b>Net book value of debtor's interest (Where available)</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
55.1.	<b>3204 Ennis St. Houston, Texas 77004-3213</b> <b>3204 Ennis St. Houston, Texas 77004-3213</b> <b>RES A BLK 1</b> <b>RIVERSIDE GENERAL</b>	<b>REAL PROPERTY</b>			<b>\$7,560,251.00</b>
55.2.	<b>3217 Anita St. Houston, Texas 77004</b> <b>3217 Anita St. Houston, Texas 77004</b> <b>LT 12 BLK 4</b> <b>BOOKER T WASHINGTON</b>	<b>REAL PROPERTY</b>			<b>\$55,000.00</b>
55.3.	<b>Liberty County Property</b> <b>31201515000RIVERSIDE GENERAL</b> <b>HOSPITAL#1SUE-ANN OPERATING,</b> <b>L.C.R10.25000000AB 69 /MASON</b> <b>PETER SUR</b>	<b>REAL PROPERTY</b>			<b>\$584,060.00</b>
55.4.	<b>4514 Lyons Ave. Houston, Texas 77020</b> <b>4514 Lyons Ave. Houston, Texas 77020</b> <b>LTS 1 2 &amp; 3 &amp; 7 8 9 &amp; 10 BLK 117</b> <b>(PRORATED 1-15-15)</b> <b>AUGUSTA</b>	<b>REAL PROPERTY</b>			<b>\$10,457,162.00</b>
55.5.	<b>2802 Live Oak, Houston, Texas 77004</b> <b>2802 Live Oak, Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$84,375.00</b>
55.6.	<b>2711 Live Oak Houston, Texas 77004</b> <b>2711 Live Oak Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$112,500.00</b>
55.7.	<b>2918 Rosalie St. Houston, Texas 77004</b> <b>2918 Rosalie St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$120,316.00</b>
55.8.	<b>3213 Delano St. Houston, Texas 77004</b> <b>3213 Delano St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$49,219.00</b>
55.9.	<b>3215 Delano St. Houston, Texas 77004</b> <b>3215 Delano St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$49,219.00</b>
55.10.	<b>3103 Paige St. Houston, Texas 77004</b> <b>3103 Paige St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$87,500.00</b>
55.11.	<b>3204 Paige St. Houston, Texas 77004</b> <b>3204 Paige St. Houston, Texas 77004</b>	<b>REAL PROPERTY</b>			<b>\$43,750.00</b>
55.12.	<b>2829 Holman St. Houston, Texas 77002</b> <b>2829 Holman St. Houston, Texas 77002</b>	<b>REAL PROPERTY</b>			<b>\$80,385.00</b>

Debtor

Riverside General Hospital, Inc.

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55.13.	3005 Holman St. Houston, Texas 77004 3005 Holman St. Houston, Texas 77004	REAL PROPERTY			\$120,296.00
55.14.	3002 Holman St. Houston, Texas 77004 3002 Holman St. Houston, Texas 77004	REAL PROPERTY			\$213,096.00
55.15.	3020 Holman St. Houston, Texas 77004 3020 Holman St. Houston, Texas 77004	REAL PROPERTY			\$192,007.00
55.16.	3509 Ennis St. Houston, Texas 77004 3509 Ennis St. Houston, Texas 77004	REAL PROPERTY			\$114,884.00
55.17.	0 Elgin, Houston, Texas 77004 0 Elgin, Houston, Texas 77004	REAL PROPERTY			\$299,970.00
55.18.	0 Chisom St. Houston, Texas 77004 0 Chisom St. Houston, Texas 77004	REAL PROPERTY			\$19,755.00
55.19.	0 Chisom St. Houston, Texas 77004 0 Chisom St. Houston, Texas 77004	REAL PROPERTY			\$21,387.00
55.20.	3215 Ennis St. Houston, Texas 77004	REAL PROPERTY			\$154,093.00
55.21.	2711 Live Oak Houston, Texas 77004 2711 Live Oak Houston, Texas 77004	REAL PROPERTY			\$65,625.00

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$20,484,850.00****57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 10: Intangibles and Intellectual Property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			

☒ No  
☐ Yes

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Debtor

Riverside General Hospital, Inc.

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Name

## 76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

## 78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

## 79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$841.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$15,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.</i> ..... →		\$20,484,850.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$15,841.00	+ 91b. \$20,484,850.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		\$20,500,691.00

**Fill in this information to identify the case:**Debtor name Riverside General Hospital, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number 16-30603  
(if known)☐ Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

**2.1****Creditor's name**Briar Capital**Describe debtor's property that is subject to a lien**Casa**Creditor's mailing address**1500 City W. Blvd**Describe the lien**AgreementHouston TX 77042**Is the creditor an insider or related party?****Creditor's email address, if known**

☒ No  
☐ Yes

**Date debt was incurred****Is anyone else liable on this claim?****Last 4 digits of account number**

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in the same property?****As of the petition filing date, the claim is:**

Check all that apply.

☒ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$3,962,162.44\$0.00**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$19,222,322.03

Debtor

Riverside General Hospital, Inc.

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**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.2**

**Creditor's name**  
**Dixon Financial Services, LTD**

**Describe debtor's property that is  
 subject to a lien**

**\$6,300,000.00****\$0.00**

**Creditor's mailing address**  
**3401 Allen Pkwy**

**Note****Ste 100****Describe the lien****Houston TX 77019****Secured Debt****Creditor's email address, if known****Is the creditor an insider or related party?**☒ No☐ Yes**Date debt was incurred****Is anyone else liable on this claim?****Last 4 digits of account  
 number**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Do multiple creditors have an interest in  
 the same property?****As of the petition filing date, the claim is:**

Check all that apply.

☒ No☐ Yes. Have you already specified the  
 relative priority?☐ Contingent☐ Unliquidated☒ Disputed☐ No. Specify each creditor, including this  
 creditor, and its relative priority.☐ Yes. The relative priority of creditors is  
 specified on lines \_\_\_\_\_**2.3**

**Creditor's name**  
**Dixon Financial Services, LTD**

**Describe debtor's property that is  
 subject to a lien**

**\$300,514.00****\$0.00**

**Creditor's mailing address**  
**3401 Allen Pkwy Ste 100**

**Note****Houston TX 77019****Describe the lien****Secured Debt****Creditor's email address, if known****Is the creditor an insider or related party?**☒ No☐ Yes**Date debt was incurred****Is anyone else liable on this claim?****Last 4 digits of account  
 number**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Do multiple creditors have an interest in  
 the same property?****As of the petition filing date, the claim is:**

Check all that apply.

☒ No☐ Yes. Have you already specified the  
 relative priority?☐ Contingent☐ Unliquidated☒ Disputed☐ No. Specify each creditor, including this  
 creditor, and its relative priority.☐ Yes. The relative priority of creditors is  
 specified on lines \_\_\_\_\_

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.4**

**Creditor's name**  
**Dixon Financial Services, LTD**

**Describe debtor's property that is  
 subject to a lien**

**Unknown****\$0.00**

**Creditor's mailing address**  
**1825 Upland Drive**

**Promissory Note****Describe the lien****Secured Debt**

**Houston TX 77043**

**Is the creditor an insider or related party?**

**Creditor's email address, if known**

☒ No☐ Yes

**Date debt was incurred**

**Is anyone else liable on this claim?**

**Last 4 digits of account  
 number**

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in  
 the same property?**

**As of the petition filing date, the claim is:**

Check all that apply.

☒ No

☐ Yes. Have you already specified the  
 relative priority?

☐ Contingent☐ Unliquidated☒ Disputed

☐ No. Specify each creditor, including this  
 creditor, and its relative priority.

☐ Yes. The relative priority of creditors is  
 specified on lines \_\_\_\_\_

**2.5**

**Creditor's name**  
**Federal Emergency Management Agenc**

**Describe debtor's property that is  
 subject to a lien**

**\$5,000,000.00****\$0.00**

**Creditor's mailing address**  
**500 C Street S.W.**

**FEMA Funds****Describe the lien****Secured Debt**

**Washington DC 20472**

**Is the creditor an insider or related party?**

**Creditor's email address, if known**

☒ No☐ Yes

**Date debt was incurred**

**Is anyone else liable on this claim?**

**Last 4 digits of account  
 number**

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in  
 the same property?**

**As of the petition filing date, the claim is:**

Check all that apply.

☒ No

☐ Yes. Have you already specified the  
 relative priority?

☐ Contingent☐ Unliquidated☒ Disputed

☐ No. Specify each creditor, including this  
 creditor, and its relative priority.

☐ Yes. The relative priority of creditors is  
 specified on lines \_\_\_\_\_

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.6**

**Creditor's name**  
Galveston County

**Describe debtor's property that is  
 subject to a lien**

**\$160.89****\$0.00**

**Creditor's mailing address**

**Ad Valorem Taxes**

Linebarger Goggan Blair & Sampson LL

**Describe the lien**

P.O. Box 3064

**PROPERTY TAX**

Houston TX 77253-3064

**Is the creditor an insider or related party?**

**Creditor's email address, if known**

☒ No

☐ Yes

**Date debt was incurred**

**Is anyone else liable on this claim?**

**Last 4 digits of account**

☒ No

**number**

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in  
 the same property?**

**As of the petition filing date, the claim is:**

Check all that apply.

☒ No

☐ Contingent

☐ Yes. Have you already specified the  
 relative priority?

☐ Unliquidated

☐ No. Specify each creditor, including this  
 creditor, and its relative priority.

☐ Disputed

☐ Yes. The relative priority of creditors is  
 specified on lines \_\_\_\_\_

**2.7**

**Creditor's name**  
Harris County et al

**Describe debtor's property that is  
 subject to a lien**

**\$23,783.96****\$0.00**

**Creditor's mailing address**

**Ad Valorem Taxes**

Linebarger Goggan Blair & Sampson LL

**Describe the lien**

P.O. Box 3064

**PROPERTY TAX**

Houston TX 77253-3064

**Is the creditor an insider or related party?**

**Creditor's email address, if known**

☒ No

☐ Yes

**Date debt was incurred**

**Is anyone else liable on this claim?**

**Last 4 digits of account**

☒ No

**number**

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in  
 the same property?**

**As of the petition filing date, the claim is:**

Check all that apply.

☒ No

☐ Contingent

☐ Yes. Have you already specified the  
 relative priority?

☐ Unliquidated

☐ No. Specify each creditor, including this  
 creditor, and its relative priority.

☐ Disputed

☐ Yes. The relative priority of creditors is  
 specified on lines \_\_\_\_\_

Debtor

Riverside General Hospital, Inc.

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**Part 1: Additional Page**

**Column A**  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

**Column B**  
**Value of collateral**  
**that supports**  
**this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.8****Creditor's name****Houston Liens****Describe debtor's property that is subject to a lien****\$446.73****\$0.00****Creditor's mailing address****Linebarger Goggan Blair & Sampson LL****Ad Valorem Taxes****P.O. Box 3064****Describe the lien****PROPERTY TAX****Houston TX 77253-3064****Is the creditor an insider or related party?****Creditor's email address, if known**☒ No☐ Yes**Date debt was incurred****Is anyone else liable on this claim?****Last 4 digits of account**☒ No**number**☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Do multiple creditors have an interest in the same property?****As of the petition filing date, the claim is:**

Check all that apply.

☒ No☐ Contingent☐ Yes. Have you already specified the relative priority?☐ Unliquidated☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_**2.9****Creditor's name****JLE Investors****Describe debtor's property that is subject to a lien****\$1,135,212.02****\$0.00****Creditor's mailing address****710 Post Oak****3204 Ennis****208****Describe the lien****Agreement****Houston TX 77024****Is the creditor an insider or related party?****Creditor's email address, if known**☒ No☐ Yes**Date debt was incurred****Is anyone else liable on this claim?****Last 4 digits of account**☒ No**number**☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Do multiple creditors have an interest in the same property?****As of the petition filing date, the claim is:**

Check all that apply.

☒ No☐ Contingent☐ Yes. Have you already specified the relative priority?☐ Unliquidated☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.10**

**Creditor's name**  
Texas City ISD

**Describe debtor's property that is  
 subject to a lien**

\$41.99\$0.00

**Creditor's mailing address**

**Ad Valorem Taxes**

Linebarger Goggan Blair & Sampson LL

**Describe the lien**

P.O. Box 3064

**PROPERTY TAX**

Houston TX 77253-3064

**Is the creditor an insider or related party?**

**Creditor's email address, if known**

☒ No

☐ Yes

**Date debt was incurred**

**Is anyone else liable on this claim?**

**Last 4 digits of account  
 number**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in  
 the same property?**

**As of the petition filing date, the claim is:**

Check all that apply.

☒ No

☐ Contingent

☐ Yes. Have you already specified the  
 relative priority?

☐ Unliquidated

☐ No. Specify each creditor, including this  
 creditor, and its relative priority.

☐ Disputed

☐ Yes. The relative priority of creditors is  
 specified on lines \_\_\_\_\_

**2.11**

**Creditor's name**  
Triple 8 Venture Corp.

**Describe debtor's property that is  
 subject to a lien**

\$2,500,000.00\$0.00

**Creditor's mailing address**  
c/o Alan R. Scheinthal

**Note**

Scheinthal & Kouts, LLP

**Describe the lien**

Houston TX 77027

**Secured Debt**

**Creditor's email address, if known**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Date debt was incurred**

**Is anyone else liable on this claim?**

**Last 4 digits of account  
 number**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in  
 the same property?**

**As of the petition filing date, the claim is:**

Check all that apply.

☒ No

☐ Contingent

☐ Yes. Have you already specified the  
 relative priority?

☐ Unliquidated

☐ No. Specify each creditor, including this  
 creditor, and its relative priority.

☐ Disputed

☐ Yes. The relative priority of creditors is  
 specified on lines \_\_\_\_\_

**Fill in this information to identify the case:**Debtor Riverside General Hospital, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number 16-30603  
(if known)☐ Check if this is an amended filing

## Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

**2.1** Priority creditor's name and mailing addressInternal Revenue ServiceP.O. Box 7346Philadelphia PA 19101-7346

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account  
number \_\_\_\_\_Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a)( 8 )As of the petition filing date, the  
claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

941 Taxes

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$18,660.00\$18,660.00**2.2** Priority creditor's name and mailing addressInternal Revenue ServiceP.O. Box 7346Philadelphia PA 19101-7346

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account  
number \_\_\_\_\_Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a)( 8 )As of the petition filing date, the  
claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

941 Taxes

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$177,073.00\$177,073.00



Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

**2.3** Priority creditor's name and mailing address

Internal Revenue Service

P.O. Box 7346

Philadelphia PA 19101-7346

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

941 Taxes

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$629,895.00

\$629,895.00

**2.4** Priority creditor's name and mailing address

Internal Revenue Service

P.O. Box 7346

Philadelphia PA 19101-7346

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

941 Taxes

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$277,477.00

\$277,477.00

**2.5** Priority creditor's name and mailing address

Internal Revenue Service

P.O. Box 7346

Philadelphia PA 19101-7346

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

941 Taxes

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$655,755.00

\$655,755.00

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

**2.6** Priority creditor's name and mailing address  
Internal Revenue Service

P.O. Box 7346

Philadelphia PA 19101-7346

Date or dates debt was incurred

Last 4 digits of account  
number

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a)( 8 )

As of the petition filing date, the  
claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
941 Taxes

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$135,000.00

\$135,000.00

**2.7** Priority creditor's name and mailing address  
Internal Revenue Service

P.O. Box 7346

Philadelphia PA 19101-7346

Date or dates debt was incurred

Last 4 digits of account  
number

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a)( 8 )

As of the petition filing date, the  
claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
990 Taxes

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$1,780.00

\$1,780.00

**2.8** Priority creditor's name and mailing address  
Office of the Attorney General

PO Box 12548, MC-008

Austin TX 78711-2548

Date or dates debt was incurred

Last 4 digits of account  
number

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a)( 8 )

As of the petition filing date, the  
claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Unemployment Taxes

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$27,856.21

\$27,856.21

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div> Nonpriority creditor's name and mailing address <u>A-Affordable Vacuum Service</u> <u>7039 Burkett Street</u>  <u>Houston TX 77021</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$182.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div> Nonpriority creditor's name and mailing address <u>Abbott Laboratories</u> <u>100 Abbott Park Road</u>  <u>Abbott Park IL 60064-3500</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$662.08</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div> Nonpriority creditor's name and mailing address <u>Absolute Meter Services</u> <u>10314 Sagetrail Drive</u>  <u>Houston TX 77089</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$202.82</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div> Nonpriority creditor's name and mailing address <u>AC Contractors</u> <u>13111 Cottingham Street</u>  <u>Houston TX 77048</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,702.75</u>

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div> Nonpriority creditor's name and mailing address <u>Advantage Office Products</u> <u>5722 Bingle Road, Suite B</u> <u>Houston TX 77092</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,391.51</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div> Nonpriority creditor's name and mailing address <u>Affordable Environmental, Inc.</u> <u>12322 WA-99, Suite 99</u> <u>Everett WA 98204</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,785.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address <u>Alarm Master Corporation</u> <u>10615 Rockley Road</u> <u>Houston TX 77099</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$188.80</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address <u>All American Air Works</u> <u>P. O. Box 1000</u> <u>Sophia WV 25921-1000</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,125.32</u>

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div> Nonpriority creditor's name and mailing address <u>Alpha Electric Company</u> <u>901 W. 18th Street</u>  <u>Houston TX 77008</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,740.73</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div> Nonpriority creditor's name and mailing address <u>American Family Life Assurance</u> <u>AFLAC</u> <u>917 Brown Avenue</u>  <u>Columbus GA 31906</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,092.77</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.11</div> Nonpriority creditor's name and mailing address <u>American Physicians and Supply</u> <u>c/o Stephen W. Lemmon</u> <u>Sheinfeld Maley &amp; Kay</u>  <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$28,225.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.12</div> Nonpriority creditor's name and mailing address <u>Arrow International</u> <u>2400 Bernville Road</u>  <u>Reading PA 19605</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$937.84</u>

Debtor

Riverside General Hospital, Inc.

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**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div> Nonpriority creditor's name and mailing address <u>Automatic Data Processing</u> <u>4822 Martin Luther King Jr. Blvd.</u> <u>Houston TX 77021</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$38,210.56</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div> Nonpriority creditor's name and mailing address <u>Bank of New York Mellon</u> <u>1000 Louisiana Street</u> <u>Houston TX 77002</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$26,341.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div> Nonpriority creditor's name and mailing address <u>Beckman Coulter Inc.</u> <u>c/o Ian Andrew McCarthy</u> <u>Barnett &amp; Garcia</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$330,013.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.16</div> Nonpriority creditor's name and mailing address <u>Beckman Instruments Inc</u> <u>c/o Jim D. Hamilton</u> <u>Twentieth Floor, Coastal Tower</u> <u>Houston TX 77046</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,171.00</u>

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> Nonpriority creditor's name and mailing address <u>Bennie Thomas</u> <u>c/o Patricia R. Saum</u> <u>Jann Scherbarth &amp; Associates</u> <u>Houston TX 77027</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$20,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> Nonpriority creditor's name and mailing address <u>Beta Tech Inc</u> <u>16810 Barker Springs Road, Suite 204</u>  <u>Houston TX 77084</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,154.83</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> Nonpriority creditor's name and mailing address <u>Bio-Rad Laboratories Inc.</u> <u>1000 Alfred Nobel Drive</u>  <u>Hercules CA 94547</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,392.46</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> Nonpriority creditor's name and mailing address <u>Biomedical Waste Solutions, LLC</u> <u>1100 Main</u>  <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$214.50</u>

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> Nonpriority creditor's name and mailing address <b>Bonner, Cora</b> <b>c/o H. Howard Schmerin</b> <b>2650 Fountain View, Suite 132</b> <b>Houston TX 77057</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Unsecured Debt</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$98,741.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> Nonpriority creditor's name and mailing address <b>Canfield Funding LLC</b> <b>c/o Fred Wahrlich</b> <b>Floyd, Isgur, Rios &amp; Wahrlich, P.C.</b> <b>Houston TX 77002-2732</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Unsecured Debt</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90,000.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div> Nonpriority creditor's name and mailing address <b>Centech Communication Company</b> <b>10039 Bissonnet Street</b>  <b>Houston TX 77036</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Unsecured Debt</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,346.95</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div> Nonpriority creditor's name and mailing address <b>Centerpoint Energy</b> <b>P. O. Box 4981</b>  <b>Houston TX 77210-4981</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Unsecured Debt</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,107.11</b>



Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div> Nonpriority creditor's name and mailing address <u>Christus St. Joseph Hospital</u> <u>c/o Leon E. Pegg</u> <u>Holloway &amp; Gumbert</u> <u>Houston TX 77098</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$52,294.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.26</div> Nonpriority creditor's name and mailing address <u>City of Houston</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,700.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.27</div> Nonpriority creditor's name and mailing address <u>City of Houston Water</u> <u>4200 Leeland Street</u>  <u>Houston TX 77023</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$38,268.80</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.28</div> Nonpriority creditor's name and mailing address <u>Clement Aldridge</u> <u>7529 Olympia Dr.</u>  <u>Houston TX 77063</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Attorney Fees</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$140,000.00</u>

Debtor

Riverside General Hospital, Inc.

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.29</div> Nonpriority creditor's name and mailing address <u>College of American Pathologists</u> <u>13501 I Street NW Suite 590</u> <u>Washington DC 20005</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,976.57</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.30</div> Nonpriority creditor's name and mailing address <u>Comcast</u> <u>1 Comcast Center</u> <u>Philadelphia PA 19103</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$147.55</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.31</div> Nonpriority creditor's name and mailing address <u>Daniels Sharpmart Inc.</u> <u>111 W. Jackson Blvd., Suite 720</u> <u>Chicago IL 60604</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$439.85</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.32</div> Nonpriority creditor's name and mailing address <u>Danka Funding Company Inc.</u> <u>c/o Glen A. Nordt</u> <u>Coats Rose Yale Ryman &amp; Lee, P.C.</u> <u>Houston TX 77002-6707</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$269,793.00</u>

Debtor

Riverside General Hospital, Inc.

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div> Nonpriority creditor's name and mailing address <u>Dawson Chemical &amp; Janitorial</u> <u>6010 Irvington Blvd.</u> <u>Houston, Texas 7709</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$18,167.69</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div> Nonpriority creditor's name and mailing address <u>Dennis Lewis</u> <u>c/o William H. Watson</u> <u>Ballard &amp; Watson</u> <u>Houston TX 77046</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$51,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div> Nonpriority creditor's name and mailing address <u>Drug Enforcement Administration</u> <u>1433 W. Loop South, Suite 600</u>  <u>Houston TX 77027</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$244.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div> Nonpriority creditor's name and mailing address <u>Emdeon Business Service</u> <u>100 N. Byrne Road</u>  <u>Toledo OH 43607</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,600.00</u>

Debtor

Riverside General Hospital, Inc.

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**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.37</div> Nonpriority creditor's name and mailing address <u>Estill Affiliates LLC</u> <u>c/o Wendle Van Smith</u> <u>One Arena Place</u> <u>Houston TX 77074</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$229,399.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.38</div> Nonpriority creditor's name and mailing address <u>Ethel Austin</u> <u>c/o G. Scott Fiddler</u> <u>5959 West Loop South, Suite 150</u> <u>Bellaire TX 77401</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$294,839.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div> Nonpriority creditor's name and mailing address <u>Fasthealth Corporation</u> <u>101 23rd Avenue</u>  <u>Tuscaloosa AL 35401</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,750.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.40</div> Nonpriority creditor's name and mailing address <u>Fire Safe Protection Service</u> <u>1815 Sherwood Forest Street</u>  <u>Houston TX 77043</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,500.00</u>

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.41</div> Nonpriority creditor's name and mailing address <u>Grainger</u> <u>3232 Harrisburg Blvd.</u> <u>Houston TX 77003</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,245.55</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.42</div> Nonpriority creditor's name and mailing address <u>Green Bank</u> <u>4000 Greenbriar</u> <u>Houston TX 77098</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>line of credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$84,687.83</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.43</div> Nonpriority creditor's name and mailing address <u>Gulf Coast Regional Blood</u> <u>1400 La Concha Lane</u> <u>Houston TX 77054</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,051.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.44</div> Nonpriority creditor's name and mailing address <u>Harris County</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,375.00</u>

Debtor

Riverside General Hospital, Inc.

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.45</div> Nonpriority creditor's name and mailing address <u>Harris County</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$73,121.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.46</div> Nonpriority creditor's name and mailing address <u>Harris County</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$18,174.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.47</div> Nonpriority creditor's name and mailing address <u>Harris County</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$638.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.48</div> Nonpriority creditor's name and mailing address <u>Harris County</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,378.00</u>

Debtor

Riverside General Hospital, Inc.

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**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.49</div> Nonpriority creditor's name and mailing address <u>Harris County/HISD</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,303.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.50</div> Nonpriority creditor's name and mailing address <u>Harris County/HISD</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,749.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.51</div> Nonpriority creditor's name and mailing address <u>Harris County/HISD</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,032.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.52</div> Nonpriority creditor's name and mailing address <u>Harris County/HISD</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.53</div> Nonpriority creditor's name and mailing address <u>Harris County/HISD</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$23,821.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.54</div> Nonpriority creditor's name and mailing address <u>Harris County/HISD</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,083.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.55</div> Nonpriority creditor's name and mailing address <u>Healing Air Inc.</u> <u>14502 Hiram Clark Road</u>  <u>Houston TX 77045</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,666.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.56</div> Nonpriority creditor's name and mailing address <u>Healthland-Omaha</u> <u>1600 Utica Avenue, Suite 300</u>  <u>Minneapolis MN 55416</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$496,832.00</u>



Debtor

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.57</div> Nonpriority creditor's name and mailing address <u>Hill International, Inc.</u> <u>John Lynd</u> <u>3200 SW Freeway, Ste 2300</u> <u>Houston TX 77027</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Judgment</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$129,600.82</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.58</div> Nonpriority creditor's name and mailing address <u>HISD</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$25,938.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.59</div> Nonpriority creditor's name and mailing address <u>HISD</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$51,736.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div> Nonpriority creditor's name and mailing address <u>HISD</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$610.00</u>

Debtor

Riverside General Hospital, Inc.

Case number (if known) 16-30603

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.61</div> Nonpriority creditor's name and mailing address Hour Doc-Holding, LLC 4801 Woodway, Suite 210 _____ Houston TX 77056 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Unsecured Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,855.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.62</div> Nonpriority creditor's name and mailing address Hurricane Glass 11000 Gulf Freeway _____ Houston TX 77034 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Unsecured Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.63</div> Nonpriority creditor's name and mailing address IMMUCOR Inc. 3700 Mangun Road _____ Houston TX 77092 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Unsecured Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,147.63
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.64</div> Nonpriority creditor's name and mailing address INFOLAB Inc. 690 Center Street, Suite 301 _____ Herndon VA 20170 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Unsecured Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,467.60

Debtor

Riverside General Hospital, Inc.

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.65</div> Nonpriority creditor's name and mailing address <u>JB's Carpet Cleaning</u> <u>2313 W. Sam Houston Pkwy N., Suite 131</u> <u>Houston TX 77043</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$190.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.66</div> Nonpriority creditor's name and mailing address <u>JC Electrical Service</u> <u>630 Westfield Lane</u> <u>Friendswood TX 77546</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$950.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.67</div> Nonpriority creditor's name and mailing address <u>Krames Staywell, LLC</u> <u>780 Township Line Road</u> <u>Yardley PA 19067</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,289.04</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.68</div> Nonpriority creditor's name and mailing address <u>Kuhn Digital, LLC</u> <u>13519 Pinerock Lane</u> <u>Houston TX 77079</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,298.43</u>

Debtor

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.69</div> Nonpriority creditor's name and mailing address <u>Kwik Kill Exterminators of Texas</u> <u>715 E. Tidwell Road</u> <u>Houston TX 77022</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,745.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.70</div> Nonpriority creditor's name and mailing address <u>Laboratory Corp of America</u> <u>Johnson Legal Network, PLLC</u> <u>535 Wellington Way, Suite 380</u> <u>Lexington KY 40503</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$60,805.34</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.71</div> Nonpriority creditor's name and mailing address <u>Lanetta Sparks</u> <u>c/o John A. Elmore</u> <u>3033 Fannin, Suite 101</u> <u>Houston TX 77004</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$275,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.72</div> Nonpriority creditor's name and mailing address <u>Liberty Office Products</u> <u>8744 Westpark Drive</u> <u>Houston TX 77063</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,519.78</u>

Debtor

Riverside General Hospital, Inc.

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.73</div> Nonpriority creditor's name and mailing address <u>Lyons Supermarket Corp.</u> <u>c/o Trang Q. Tran</u> <u>Tran Law Firm</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$132,194.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.74</div> Nonpriority creditor's name and mailing address <u>Machine Ice Company</u> <u>8915 Sweetwater Lane</u>  <u>Houston TX 77037</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$420.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.75</div> Nonpriority creditor's name and mailing address <u>Matheson Tri-Gas</u> <u>2200 Houston Avenue</u>  <u>Houston TX 77007</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,361.07</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.76</div> Nonpriority creditor's name and mailing address <u>Medical Programs Inc.</u> <u>c/o Thomas Herter</u> <u>Clark Hellen &amp; Herter, P.C.</u> <u>Houston TX 77081</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$111,073.00</u>

Debtor

Riverside General Hospital, Inc.

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.77</div> Nonpriority creditor's name and mailing address <u>Mitel Technologies</u> <u>10603 W. Sam Houston Pkwy., Suite 400</u> <u>Houston TX 77064</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$315.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.78</div> Nonpriority creditor's name and mailing address <u>MOD Space Storage</u> <u>10604 Wallisville Road</u> <u>Houston TX 77013</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,494.42</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.79</div> Nonpriority creditor's name and mailing address <u>Morad A. Nashed</u> <u>17211 Sandestine Dr.</u> <u>Houston TX 77095</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Performed, Vacation and U</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,174.75</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.80</div> Nonpriority creditor's name and mailing address <u>Nexus Disposal, LLC</u> <u>6131 Thomas Road</u> <u>Houston TX 77041</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,248.68</u>

Debtor

Riverside General Hospital, Inc.

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.81</div> Nonpriority creditor's name and mailing address <u>Office Depot, Inc.</u> <u>6600 North Military Trail</u>  <u>Boca Raton</u> <u>FL</u> <u>33496</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,372.06</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.82</div> Nonpriority creditor's name and mailing address <u>OGH Service Company</u> <u>3730 Creekmont Drive</u> <u>Houston, Texas</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,226.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.83</div> Nonpriority creditor's name and mailing address <u>Olshan Lumber Company</u> <u>2600 Commerce Street</u>  <u>Houston</u> <u>TX</u> <u>77003</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$626.20</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.84</div> Nonpriority creditor's name and mailing address <u>Otis Elevator Company</u> <u>9001 Jameel Road, Suite 100</u>  <u>Houston</u> <u>TX</u> <u>77040</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,266.27</u>

Debtor

Riverside General Hospital, Inc.

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.85</div> Nonpriority creditor's name and mailing address <b>Pension Benefit Information</b> <b>711 Grand Avenue</b>  <b>San Rafael</b> <b>CA</b> <b>94901</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Unsecured Debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$165.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.86</div> Nonpriority creditor's name and mailing address <b>Pete's Welding Service</b> <b>711 Pearl Street</b> <b>Houston, Texas</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Unsecured Debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.87</div> Nonpriority creditor's name and mailing address <b>Pitney Bowes, Inc.</b> <b>27 Waterview Dr.</b> <b>3rd Fl</b> <b>Shelton</b> <b>CT</b> <b>06484</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Goods Sold</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,248.09</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.88</div> Nonpriority creditor's name and mailing address <b>Pitney Bowes, Inc.</b> <b>27 Waterview Dr.</b> <b>3rd Fl</b> <b>Shelton</b> <b>CT</b> <b>06484</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Goods Sold</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,200.00</b>



Debtor

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.89</div> Nonpriority creditor's name and mailing address <u>Reliant Energy Inc.</u> <u>c/o Marchris Robinson</u> <u>4203 Yoakum Blvd., Suite 310</u> <u>Houston TX 77006-5455</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$246,550.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.90</div> Nonpriority creditor's name and mailing address <u>Reliant Energy Inc.</u> <u>c/o Marchris Robinson</u> <u>4203 Yoakum Blvd., Suite 310</u> <u>Houston TX 77006-5455</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$320,476.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.91</div> Nonpriority creditor's name and mailing address <u>State of Texas</u> <u>c/o Scot Clinton Assistant Attorneys Gen</u> <u>Consumer Protection &amp; Public Health Divi</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$20,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.92</div> Nonpriority creditor's name and mailing address <u>STM &amp; Associates Architects LLC</u> <u>c/o Kevin Michael Madden</u> <u>1001 Texas Avenue, Suite 1400</u> <u>Houston TX 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$188,150.00</u>

Debtor

Riverside General Hospital, Inc.

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.93</div> Nonpriority creditor's name and mailing address <u>Stryker Medical</u> <u>Lori Purkey, Purkey and Assoc., PLC</u> <u>5050 Cascade Rd, SE, Ste. A</u> <u>Grand Rapids</u> <u>MI</u> <u>49546</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Sale of Goods</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$289,162.88</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.94</div> Nonpriority creditor's name and mailing address <u>Surgical Medical Solutions</u> <u>c/o Miguel Jose Chapa Chapa Law Group, P</u> <u>First National Bank Tower</u> <u>San Antonio</u> <u>TX</u> <u>78201</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$874,226.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.95</div> Nonpriority creditor's name and mailing address <u>Walter D. Davis, CPA</u> <u>PO Box 36466</u>  <u>Houston</u> <u>TX</u> <u>77236</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Services Rendered</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.96</div> Nonpriority creditor's name and mailing address <u>Wittaker General Medical</u> <u>c/o Jon D. Totz</u> <u>Lapin Totz &amp; Mayer</u> <u>Houston</u> <u>TX</u> <u>77027</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,441.00</u>

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$1,923,496.21

5b. Total claims from Part 2

5b. + \$5,433,040.93

5c. Total of Parts 1 and 2

5c. \$7,356,537.14

Lines 5a + 5b = 5c.

**Fill in this information to identify the case:**Debtor Name Riverside General Hospital, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known): 16-30603☐ Check if this is an amended filing

## Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... **\$20,484,850.00****1b. Total personal property:**Copy line 91A from Schedule A/B..... **\$15,841.00****1c. Total of all property**Copy line 92 from Schedule A/B..... **\$20,500,691.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Hold Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, at the bottom of page 1 of Schedule D..... **\$19,222,322.03****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... **\$1,923,496.21****3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+ \$5,433,040.93****4. Total liabilities**Lines 2 + 3a + 3b..... **\$26,578,859.17**